Student  
Application form

Before completing this form, please ensure that you have read the Code of Conduct.

If you are in practice as a sole practitioner, partner, director or LLP member, you must also complete a Practice Profile Form or Practice Profile Form for profile candidates (both available from ciat.org.uk). For information on this, please see *Requirements for CIAT Registered Practices* (available from ciat.org.uk). Your membership will not be confirmed until these items have been received and your registration successful.

**PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS AND BLACK INK** (If completing by hand)

# SECTION A – Personal details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: Mr/Mrs/Miss/Ms/Dr/Other *(please specify):* | | |  | |
| Surname: |  | | | |
| Forename(s): |  | | | |
| Date of birth: | /  / | Gender: | | Female  Male  Prefer not to specify |

TERM TIME ADDRESS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address: |  | | | | |
|  | | | | | |
|  | | Postcode: |  | Country: |  |
| Telephone: |  | | Mobile: |  | |
| Email address: |  | | Twitter: |  | |

Permanent/parental address *(if different from the above)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address: |  | | | | | |
|  | | | | | | |
|  | | | Postcode: |  | Country: |  |
| Telephone: | |  | | | | |

Important – Please tick main contact address

Term time  Permanent/parental

EMPLOYER DETAILS *(if relevant to the built environment sector)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employer: |  | | | | | |
| Address: |  | | | | | |
|  | | | | | | |
|  | | | Postcode: |  | Country: |  |
| Telephone: | |  | | | | |
| Email: | |  | | Practice website: |  | |
| Job title: | |  | | Twitter: |  | |

Please tick appropriate box

I am self-employed\*  I am employed on a freelance basis\*  I am an employee

I am unemployed *(evidence must be provided)*  I am retired  I am a student

\*See Guidance to members offering/providing architectural advice or services for clarification

# SECTION B – Programme details *(must be provided)*

|  |  |
| --- | --- |
| University/college studying at: |  |
| Programme completion date: | /  / |
| This programme is: | Part-time  Full time  Sandwich |

Please tick appropriate box

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Degree | Subject: |  | | |
| Foundation degree | Subject: |  | | |
| HNC | Subject: |  | | |
| HND | Subject: |  | | |
| NVQ | Subject: |  | Level: |  |
| Other | Subject: |  | Level: |  |

# Section C – Declaration *(all applicants)*

I submit this form and additional documentation as an accurate record in support of my application for election or re-election to membership of the Chartered Institute of Architectural Technologists. I fully understand the requirements for membership as set

out in the *AT: How to qualify* booklet and the *Code of Conduct*. I agree to accept the decision of the Institute regarding my eligibility for election. If elected to membership, I will abide by the rules and regulations specified in the Institute’s Charter, Byelaws and Regulations\* and agree to abide by the Institute’s *Code of Conduct*, and any other directive issued by CIAT.

I will keep CIAT informed of any change in my circumstances in writing, which may affect my membership. Prior to confirmation of registration, a Member or profile candidate in private practice as sole practitioner, partner, director or LLP member must obtain formal registration with the Institute by completing the *Practice Profile Form*, obtaining approval of their business stationery and providing evidence of current professional indemnity insurance showing expiry date.

*\*Can be found at: ciat.org.uk/en/the\_institute/about-ciat/ciats-charter/Charter\_Regulations.cfm*

**Disclosure – General Data Protection Regulations (GDPR) 2018**

All personal data will be held in accordance with GDPR principles. If you have any queries or requests, please contact membership@ciat.org.uk or refer to the Institute’s Privacy Statement (https://ciat.org.uk/privacy-policy.htm).   
N.B. You cannot elect to be excluded from CIAT related mailings (via mail or email).

I do **not** wish to receive details about products and services which CIAT believes to be of interest to me.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of applicant: |  | Date: | /  / |

# Section D – Referee *(all applicants)*

I am willing to act as referee in support of this applicant as I consider him/her to be suitable for election or re-election to membership. The information on this form is, to the best of my knowledge and belief, correct. I am not related to the applicant.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of referee: |  | Date: | /  / |

|  |  |
| --- | --- |
| Name of referee: |  |
| Job title of referee: |  |
| Professional qualification(s) of referee: |  |
| Email of referee: |  |

|  |  |  |
| --- | --- | --- |
| **Please return this form to:**  Membership Department  Chartered Institute of Architectural Technologists  397 City Road,  London,  EC1V 1NH, UK |  | **For any queries please contact the MEMBERSHIP Department:**  **T.** +44 (0)20 7278 2206 or  **T.** +44(0)800 731 5471  **E.** membership@ciat.org.uk  ciat.org.uk |